



# Rural Provider Workforce Shortages

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*Patient-Centered Health Advisory Council*

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# IMS Core Purpose

*To assure the highest quality health care in Iowa through our role as physician and patient advocate.*



# Overview

- Rural Physician Workforce
- Using Technology to Expand Capacity
- Thoughts & Questions



# RURAL PHYSICIAN WORKFORCE

# Rural Physician Workforce

## *Iowa Statistics*

### **2017 State Physician Workforce Data Book**

Association of American Medical Colleges

#### Iowa

Population: 3.1 Million

Total Active Physicians: 6,627

Total Primary Care Physicians: 2,597

Total Medical Residents: 882

Total Medical Students: 1,549



# Rural Physician Workforce

## *Iowa Statistics*

### 2017 State Physician Workforce Data Book

Association of American Medical Colleges

Metric	Iowa Measure	National Ranking	State Median
Physicians Per Capita*	211.4	43 <sup>rd</sup>	257.6
Primary Care Physicians Per Capita*	82.8	35 <sup>th</sup>	90.8
General Surgeons Per Capita*	6.9	41 <sup>st</sup>	7.7
Active Physicians Over Age 60	28.7%	39 <sup>th</sup>	30.3%
Medical Students Per Capita*	49.4	10 <sup>th</sup>	32.7
Residents/Fellows Per Capita*	28.1	25 <sup>th</sup>	28.1
Physicians Retained from Medical School	21.8%	39 <sup>th</sup>	38.5%

\*Physicians Per 100,000 Population

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# Rural Physician Workforce

## *Iowa Statistics*

### **40<sup>th</sup> or Below 16 of the 25 Most Common Specialties\***

Allergy & Immunology (44 <sup>th</sup> )	Cardiovascular Disease (42 <sup>nd</sup> )	Child & Adolescent Psychiatry (42 <sup>nd</sup> )	Diagnostic Radiology/Radiology (48 <sup>th</sup> )
Emergency Medicine (51 <sup>st</sup> )	General Surgery (42 <sup>nd</sup> )	Internal Medicine (46 <sup>th</sup> )	Neurological Surgery (48 <sup>th</sup> )
OB/GYN (51 <sup>st</sup> )	Orthopedic Surgery (46 <sup>th</sup> )	Pediatrics (44 <sup>th</sup> )	Physical Medicine & Rehabilitation (45 <sup>th</sup> )
Plastic Surgery (50 <sup>th</sup> )	Psychiatry (46 <sup>th</sup> )	Pulmonary Disease (40 <sup>th</sup> )	Urology (45 <sup>th</sup> )

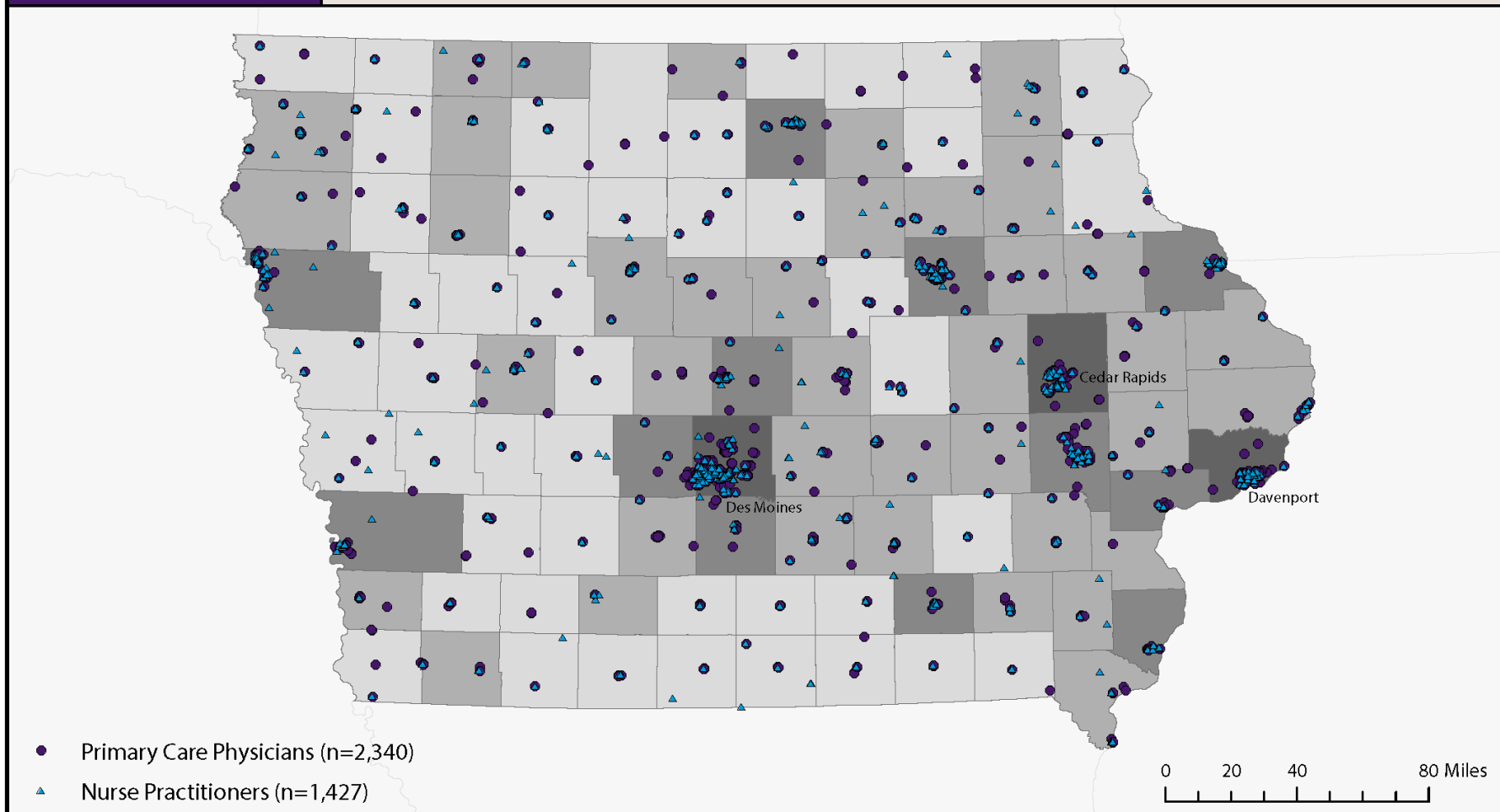
**HHS Projects National Physician Shortage of 45,000-90,000 by 2025**

\*2015 IMS-Compiled Data



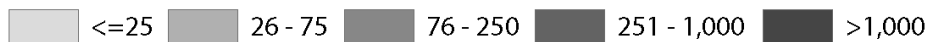
# Primary Care Physicians to Nurse Practitioners

## Iowa



### Population per square mile

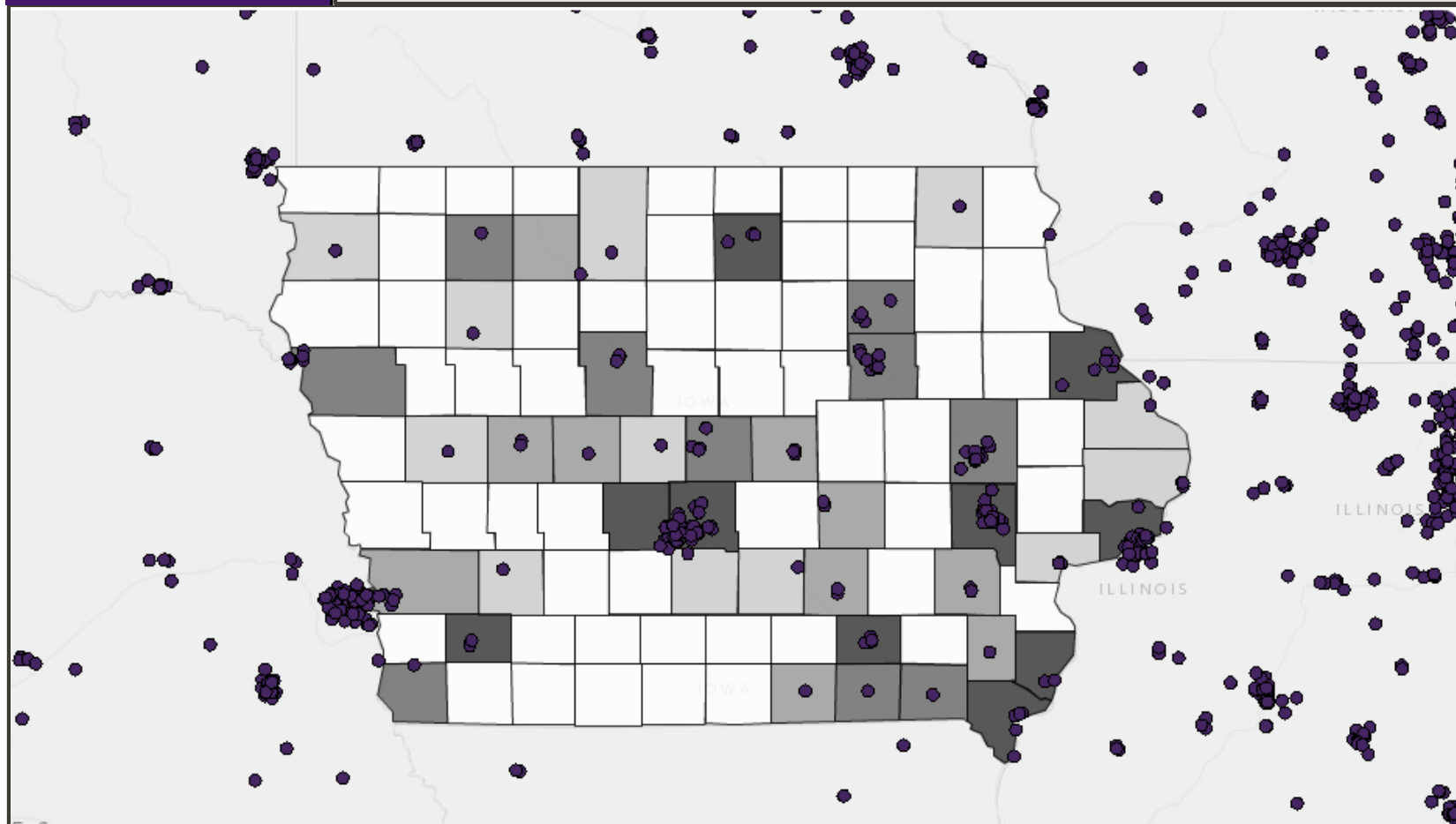
Source: 2012 American Community Survey





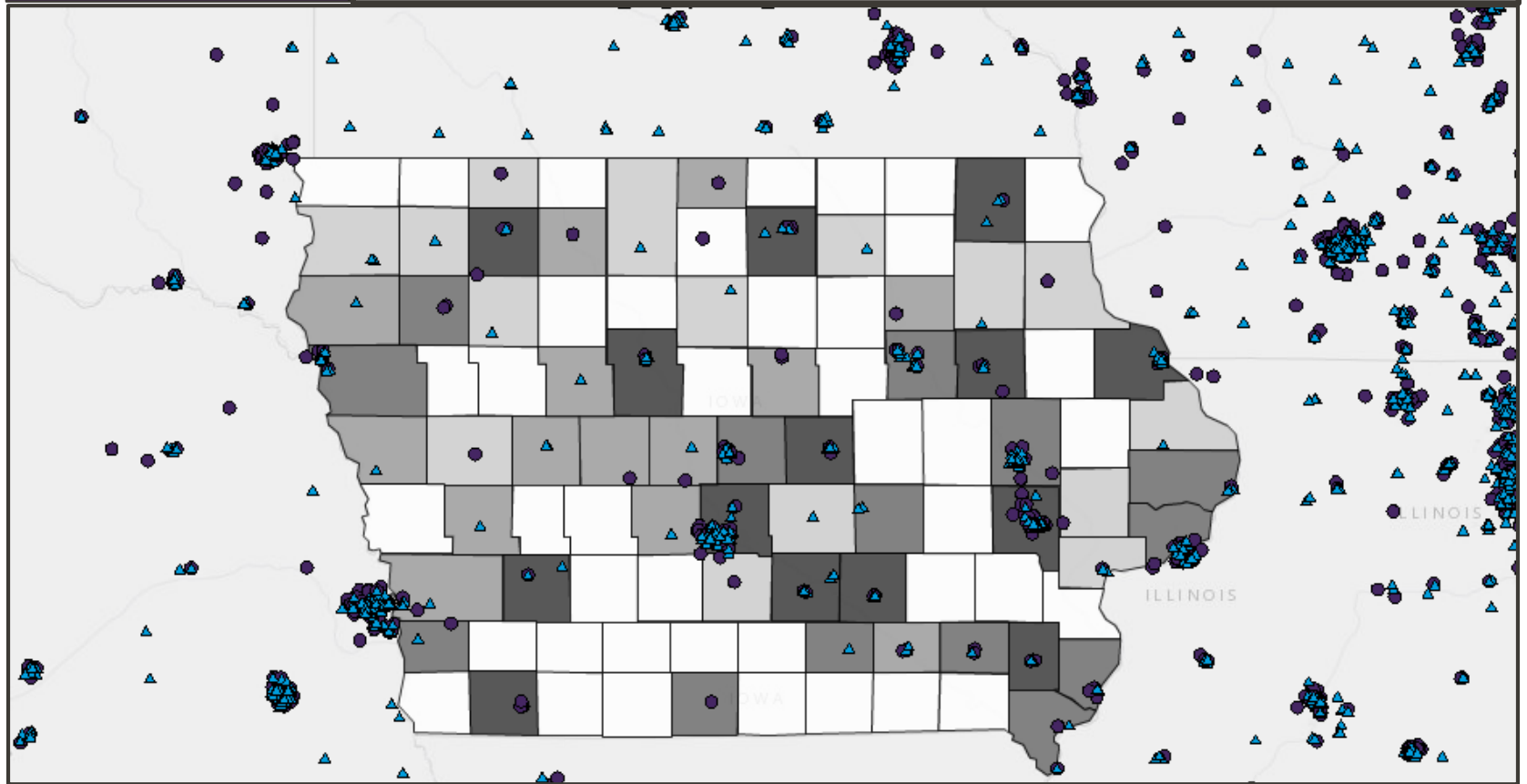
## Obstetricians/Gynecologists

Iowa



## Psychiatrists & Psychologists

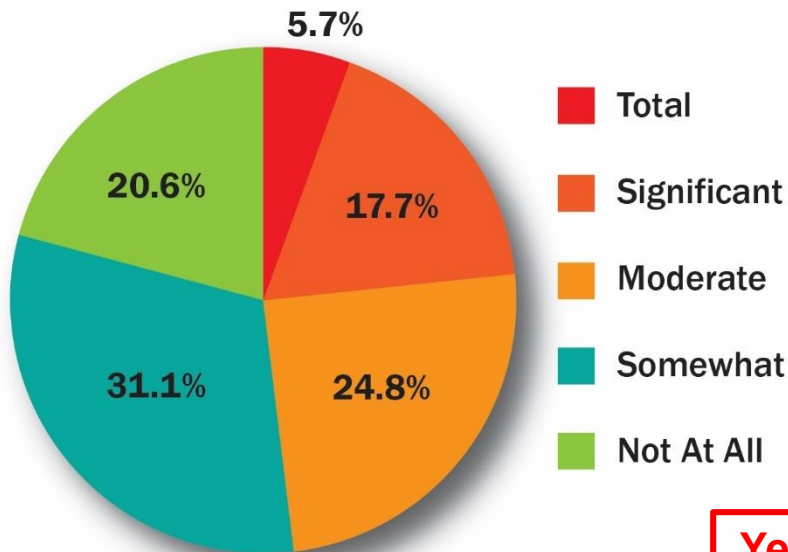
Iowa



# Rural Physician Workforce

## *Further Compounding the Problem: Physician Burnout*

Rate yourself relative to the statement:  
***“I am experiencing professional burnout”***



Source: 2015 Iowa Physician Survey

**Yes at Some  
Level:  
79.3%**

**Every Member of the Care Team  
Is Dealing With This Issue**



### The Steenblock Report

*Recommendations of the  
IMS Ad Hoc Physician Burnout Task Force*

Douglas Steenblock, MD, Chair  
Marshalltown

Autumn Brunia, OMS II  
Des Moines  
KellyAnn Light-McGroary, MD  
Iowa City  
Noreen O'Shea, DO  
Des Moines

Mary-Lou Ernst Woodhouse, DO  
Webster City  
Po Han Lin, M2  
Iowa City  
Francis Sanchez, MD  
West Burlington

AJ Sheehan, OMS III  
Des Moines

Adopted June 29, 2017

# Rural Physician Workforce

## *Further Compounding the Problem: Physician Burnout*

### **Six Factors Tied to Burnout**<sup>\*</sup>

- 1) **Workload:** Employment Demands Exceed Available Resources
- 2) **Control:** Loss of Autonomy & Lack of Effective Feedback Mechanisms
- 3) **Rewards:** Lack of Recognition & Validation for a Job Well Done.
- 4) **Community:** Unresolved Conflicts Resulting in a Poor Work Environment
- 5) **Fairness:** A Perceived Lack of Equity in the Workplace
- 6) **Values Conflicts:** A Disconnect Between The Values That Give Meaning to Life & Day-to-Day Work Realities
- 7) **Sense of Isolation:** Unsure Where to Turn for Answers & Feeling Like You're the Only One Encountering Problems

**46.8% of  
Physicians  
Plan to Retire  
Early Due to  
Burnout**<sup>\*\*</sup>

*\*Christina Maslach, PhD, of the University of California, Berkeley – Creator of the Maslach Burnout Inventory*

*\*\* Physicians Foundation Survey, 2016*

# USING TECHNOLOGY TO EXPAND CAPACITY

# Using Technology to Expand Capacity

*Increasing Access to Specialists in Urban Settings*



## **University of Iowa Hospitals & Clinics**

### **Emergency Department Consults**

- Iowa Specialty Hospital in Belmond
- Iowa Specialty Hospital in Clarion
- Jefferson County Health Center in Fairfield
- Keokuk Area Hospital in Keokuk
- Keokuk County Health Care in Sigourney
- Van Buren County Hospital in Keosauqua

### **Specialized Stroke Care**

- Mercy Medical Center in Clinton
- Mercy Medical Center in Dubuque
- Grinnell Regional Medical Center in Grinnell
- Wheaton Franciscan Healthcare in Waterloo

# Using Technology to Expand Capacity

## *Policy Foundation to Support Telehealth*

**2015** – Medicaid Coverage & Payment Parity

**2018** – Commercial Coverage Parity

Medicare Offers Coverage & Payment Parity With Restrictions

- CMS Exploring Policy Changes to Simplify & Expand Coverage

Grassley Considering Legislation to Remove Medicare Restrictions for Telehealth Ocular Screenings for Diabetes & Glaucoma



# Using Technology to Expand Capacity

## *School-Based Telehealth Programs*

18 States Have Some Form of Formalized School-Based Health Center Program.

### Multiple Models for In Place Around the Country

- Retrofitted School Nurse's Office
  - Funded by State/National Money, Grants, Donations
- Providers from State Medical School, Local Practices, Local FQHCs, or National Companies
- Parental Consent & Notification
- PCP Notification & Information Sharing
- Payment Models Range from Free Clinics, Medicaid, or Medicaid & Commercial



# Using Technology to Expand Capacity

## *School-Based Telehealth Programs*

### Services Provided

- **Chronic Disease Management**
- **Acute Medical Care**
- **Behavioral Health Services**
- **Speech Therapy**
- **Special Education Services**
- **Health Education**
- **Services for Teachers, School Employees, and/or the General Public**



# Using Technology to Expand Capacity

## *School-Based Telehealth Programs*

### Benefits of School-Based Programs



- **Reduced Student Absenteeism**
- **Reduced Parental Time Off for Medical Visits**
- **Increased Overall Access to Medical Care**
- **Improved Chronic Disease Management**
- **Increased Behavioral Health Services; Reduced Classroom Disruptions**
- **Reduced ED & Urgent Care Visits; More Effective Use of Resources**
- **Expanded Health Education Programming**

# THOUGHTS & QUESTIONS

# Thoughts?

# Questions?



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